

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2	1						
3	2						
4	2						
5	2						
6	2						
7	2						
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49							
50							

TOTAL IND.

2



TOTAL DEP.

18



TOTAL CLAIMS

20



TOTAL IND.

1



1



1



1

TOTAL DEP.

1

1



1



1



1